

HERTFORD COUNTY DIRECT DEPOSIT APPLICATION

(Please Type or Print Legibly)

EMPLOYEE NAME: _____ DEPT. # _____

BOX 1 DIRECT DEPOSIT OF NET PAY

☐ CHECKING or ☐ SAVINGS (Choose 1)

☐ New ☐ Change ☐ Cancel

BANK NAME: _____

Account Number: _____ (Required)

Bank Routing Number: _____ (Required)

ITEMS ACCEPTED FOR DIRECT DEPOSIT

VOIDED CHECK (REQUIRED FOR A CHECKING ACCOUNT)
DIRECT DEPOSIT FORM FROM BANKING INSTITUTION
SAVINGS DEPOSIT TICKET

EXAMPLE:

Joe Smith
1234 Anystreet Court
Anycity, AA 12345 1234

Pay to the order of _____

_____ Dollars

Bank Anywhere

123456789 123456789123 1234

Routing Number Account Number Check Number

(Bank Routing Number) : (Account Number)

Signature: _____ Date: _____

This form must be properly completed and submitted within 30 days of employment or your paycheck may be delayed.